

(SCHOOL DISTRICT LETTERHEAD)

Date _____

Bureau of School Facilities
Connecticut State Department of Education
165 Capitol Avenue, Room 258
Hartford, CT 06106

Subject: **ACCESSIBLE SCHOOL LIST**
 Facility Name _____
 State Project No. _____

This letter will serve to inform you that the following is a complete list of the (district name here) school facilities by grade levels, indicating which are and which are not designated accessible to persons with disabilities per Federal Law Regulations, including Section 504 of the Rehabilitation Act of 1973.

<u>School Facility</u>	<u>Grade Level</u>	<u>Designated Accessible</u>
_____ High School	9-12	y/n
_____ Middle School	6-8	y/n
_____ Middle School	6-8	y/n
_____ Elementary School	PK-5	y/n
_____ Elementary School	PK-5	y/n
_____ Elementary School	PK-5	y/n

Please call me if you have any questions regarding this information.

Sincerely,

Dr./Mr./Mrs. _____
Superintendent of Schools

cc: Local Board of Education